

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028756

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7463

FILED AUG 6 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

23 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Firman-Desloge Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY St. Louis

c. CITY

OR TOWN Lemay

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

3718 Paule Ave (25)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

ANNETTE

Middle

L.

Last

HOBSON

4. DATE OF DEATH

Month

7-28-1962

Day

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-2-1926

9. AGE (last birthday)

36 Yrs

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Gem Stores

11. BIRTHPLACE (City and state or country)

St. Louis Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Glamann

13b. MOTHER'S MAIDEN NAME

Elsie Schultz

14. NAME OF HUSBAND OR WIFE

Robert K. Hobson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No, or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Robert K. Hobson 3718 Paule Ave (25)

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

UREMIA

INTERVAL BETWEEN ONSET AND DEATH

4 weeks

DUE TO (b)

Chronic Renal Failure

6 weeks

DUE TO (c)

Chronic Pyelonephritis

2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

6 mo. 0

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6.28.62

to 7.28.62

and last saw her alive on 7.28.62

Death occurred at

1:47

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. M. D.

22b. ADDRESS

3654 So. Grand

22c. DATE SIGNED

7.30.62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7-31-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

23d. LOCATION (City, town, or county)

Lemay (25) Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Fendler Und. Co 7420 Michigan Ave (11)

25. DATE RECD. BY LOCAL REG.

JUL 30 1962

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1

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61

Dr. Carlo Caeelo
3654 B. Grand Blvd
PR 3-2414

JUN 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. B. Peterson

Licensed Embalmer No.

3767

P. O. Address

7420 Michigan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.